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ABSTRACT

This report outlines the views of the U.S. Department of Health and Human Services' 40-member Advisory Committee on Services for Families with Infants and Toddlers in regard to the Early Head Start Program. This program, introduced in 1995, is designed to provide services to children from birth to age 3 (and their families) who were not previously covered under the Head Start preschool education program. The report explains the background, vision, and goals of Early Head Start, and reviews research on child and family development that supports such services for infants, toddlers, and their families. Early Head Start is designed to be family-centered and community-based, and to follow principles that emphasize high quality; prevention and promotion; positive relationships and continuity; parent involvement; inclusion; culture; comprehensiveness, flexibility, responsiveness, and intensity; transition; and collaboration. The committee recommends that the program focus on child, family, community, and staff development, and that the federal commitment to the program concentrate on training, monitoring, research and evaluation, partnership building, and funding. Short biographies of the 40 committee members are included. (Contains 39 references.) (MDM)

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The Statement of the Advisory Committee on Services for Families with Infants and Toddlers

PS 024217

September 1994

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Overview

All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children. This recognition is guiding the design of the new Early Head Start program.

Early Head Start marks a turning point in America's commitment to our youngest children and their families.

Early Head Start marks a turning point in America's commitment to our youngest children and their families. By focusing on child development, family development, community building, and staff development, a new era of support to very young children and their families is born, building on the experiences and lessons learned from existing Head Start programs.

Early Head Start puts resources into a constellation of high quality supports and services that will promote healthy child and family development, and backs them with a Federal commitment to training, standards and monitoring for high quality, research and evaluation, and services coordination at the national level. It enables families and communities to design flexible and responsive programs but requires that, at a minimum, programs provide child development, family support, health services for young children and pregnant women, and home visits to families with newborns. This would include child care services that respond to the needs of families. When services are provided through referral, it requires that the Early Head Start program assures the services to which families are referred are of highest quality, available and accessible, and that needed follow-up occurs. And although service delivery mechanisms may vary, a common characteristic will be that each Early Head Start program will establish a place which is recognized as a source of support for very young children, families, and caregiving staff. Programs will be encouraged to give this Early Head Start place visibility and identity.

With this design, the Early Head Start program will be suited to last well into the next century, always reshaping itself to provide high quality, responsive, and respectful services to America's youngest children and their families.

Background, Vision, and Goals

Early Head Start programs... will provide early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under age three.

The reauthorization of the Head Start Act in 1994 made it possible to formally open a new chapter of Federal support for families with infants and toddlers by establishing a special initiative within the context of the Head Start program. Beginning in Fiscal Year 1995, the Secretary of Health and Human Services will award grants to Early Head Start programs which will provide early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under age three. This initiative will bring together under one umbrella Head Start's existing programs for families with infants and toddlers, the Comprehensive Child Development Program and the Parent and Child Centers; strengthen the Migrant Head Start Program; and add new resources to model high quality child development and family development services for very young children and their families.

To help with the design of the new initiative, the Secretary formed the Advisory Committee on Services for Families with Infants and Toddlers. The Committee was charged with advising the Secretary and Assistant Secretary for Children and Families on the development of program approaches for the initiative that would address the parenting and child development needs of low-income parents and their infants and toddlers. We were to pay particular attention to the key principles and array of models of effective culturally and developmentally appropriate service delivery. To fulfill this commitment, we met three times during the summer of 1994 to engage in discussions about our vision for a national approach to high quality, responsive services for very young children and their families. We outlined the Federal role for carrying forth this vision, ensuring such programs can flourish.

We are excited about the fruits of these deliberative efforts and confident that the resulting initiative will advance Head Start leadership in realizing a national vision of communities where:

- children, from birth, receive support through their family and their community to achieve optimal growth and development and build a foundation of security, self-confidence, and character strength which will in turn enable them to build successful social relationships for learning and continued development through later childhood and adulthood;

- families receive support to meet their personal goals, and resources and guidance to prepare for their child's birth and provide a warm, caring, responsive environment for their very young child;

- communities embrace and support all families, celebrating the birth of their children and creating an environment where support and resources are mobilized to ensure a comprehensive, integrated array of services are available and accessible for all very young children and their families; and

- staff receive the professional education and personal support they need to provide high quality environments and experiences and engage in responsive relationships that promote the healthy development of infants, toddlers, and their families.

In keeping with this vision, the goals set forth by the Advisory Committee for Early Head Start will be:

- To provide safe and developmentally enriching caregiving and environments which promote the physical, cognitive, social and emotional growth of infants and toddlers and prepare them for future growth and development;

- To support parents, both mothers and fathers, in their role as primary caregivers and educators of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains;

- To mobilize communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families, and to foster the

systems change necessary to summon forth the guiding vision of this initiative; and

- To ensure the provision of high quality responsive services to families with infants and toddlers through the development of highly-trained, caring and adequately compensated program staff.

The Advisory Committee recognizes that the vision and goals outlined above have also been shaped by the lessons learned from the Comprehensive Child Development Program, Parent and Child Centers, Migrant Head Start Programs, locally designed Head Start programs, and other early child development and family support efforts serving families with very young children. As part of the overall consultation for the development of this initiative, Federal staff conducted over 30 focus groups with parents, practitioners, researchers, advocates, and representatives of professional organizations. Focus groups were designed to address topical areas such as child care, family services, health care, support and services for children with disabilities and their families, community mobilization, parent involvement and parent advocacy. In addition, Federal staff met with or received materials and recommendations from a number of other experts and practitioners in the field. The suggestions, guidance, and information received through this process have been invaluable to both the Advisory Committee and the Administration on Children, Youth and Families.

Research Rationale

For infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships.

Findings from more than three decades of research in child and family development support the vision and goals set forth for support to families with infants and toddlers. We know that the time from conception to age three is a critical period of human development, as change occurs more rapidly than in any other period of the life span. Growth in these early years establishes the basic foundation for future development. For infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised. Fortunately, recent research identifies characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a solid base upon which the Early Head Start program can be founded.

Maternal and Infant Health

Maternal and infant health are essential for ensuring normal pre- and post-natal development of very young children. Late or inadequate prenatal care, malnutrition, stress and exposure to harmful substances are associated with shortened gestation, reduced birthweight, birth defects and underdeveloped brain growth (Osofsky, 1975; U.S. Department of Health and Human Services, 1989; Carnegie Corporation, 1994). These, in turn, have been associated with higher probabilities for infant mortality, illness, disabilities, child abuse, difficulty in relationships (Glasgow and Overall, 1979) and subsequent learning disorders (Drillien, Thomson and Bargoyne, 1980). During the early years of life, proper nutrition, routine well-child health care, timely immunizations, safe environments and health-promoting behaviors are necessary to support physical growth and development.

Given the paramount importance of health for very young children, a major focus of the Early Head Start program must be to ensure women receive the health services needed to promote a healthy pregnancy and birth, and very young children receive early and ongoing well-baby care, immunizations, and other essential health services to support their development.

Child-Caregiver Relationships

The child-caregiver relationships with the mother, father, grandparent and other caregivers are critical for providing infants and toddlers support, engagement, continuity and emotional nourishment necessary for healthy development, and the development of healthy attachments (Ainsworth, Blehar, Waters and Wall, 1978). Within the context of caregiving relationships, the infant builds a sense of what is expected, what feels right in the world, as well as skills and incentives for social turn-taking, reciprocity and cooperation (Emde, Biringen, Clyman and Oppenheim, 1991; Isabella and Belsky, 1991). The infant's activities are nourished and channeled in appropriate ways so as to encourage a sense of initiative and self-directedness. During the toddler period, the child, through repeated interactions with emotionally-available caregivers, also begins to learn basic skills of self-control, emotional regulation and negotiation (Kochanska, 1991; Kopp, 1989; Suess, Grossman and Sroufe, 1992). Empathy for others and prosocial tendencies for caring and helping also develop during toddlerhood as well as the emotions of pride and shame; experiencing and learning about these capacities require responsive caregiving relationships in the midst of life's inevitable stresses and challenges (Zahn-Waxler and Radke-Yarrow, 1990).

A sense of pleasure, interest in exploration, early imaginative capacities, and the sharing of positive emotions also begin in infancy—all of which require repeated and consistent caregiver relationship experiences and form a basis for social competence that carries through toddlerhood and the preschool period (Emde, 1989; Dix, 1991). The opportunities for play for both infant and caregiver, as well as the skills that develop from play, are often under-appreciated aspects of healthy development (Bruner, 1986; Elicker, Englund and Sroufe, 1992).

The network of caring relationships provides an ever-expanding circle of support for both child and family.

Finally, the importance of promoting a network of healthy caregiving relationships for the very young child cannot be overstated (Crockenberg, 1981; Egeland, Jacobvitz and Sroufe, 1988; Sameroff and Emde, 1989; Tronick, Winn and Morelli, 1985). The network of caring relationships provides an ever-expanding circle of support for both child and family. Factors that undermine optimal child-caregiver relationships include isolation, lack of support and maternal depression (Crnic, Greenberg, Robinson and Ragozin, 1984), the latter reported to be as high as 56% in some samples of low-income new mothers (Hall, Gurley, Sachs and Kryscio, 1991). In child care settings, high staff turnover, low staff wages, low quality programming and lack of adequate staff training for substitute caregivers negatively affects the quality of child-caregiver relationships (Zigler and Lang, 1991; Whitebook, Howes and Phillips, 1989). This in turn further compromises the nature and quality of the child's overall development.

Thus, it follows that a major focus for Early Head Start services should be the development of healthy and skillful relationship building between very young children and their parents and caregivers that encourages interactions and promotes attention and activity in infants. Hence, opportunities for sustained relationship-building over extended periods of times will be an explicit goal throughout the program.

Characteristics of Successful Programs Serving Families with Infants and Toddlers

The goal of many early child development programs is to enable the child, with the support of the parents as primary caregivers and other caregivers, to establish a developmental path that will prepare him or her for long-term success. Hundreds of programs with a variety of specific emphases have sought to achieve this goal. From these many interventions, a picture of the critical ingredients for successful programs has emerged. In short, we know effective programs often are characterized by: early prenatal services to the expectant woman (Olds, Henderson, Tatelbaum and Chamberlin, 1986); a two-generational focus (Zuckerman and Brazelton, 1994; Administration on Children, Youth and Families, 1994; Ramey and Campbell, 1984; Brooks-Gunn, Klebanov,

Liaw, Spiker, 1993); family-centered services that address self-sufficiency through the provision of social services and parent education (Booth, Barnard, Mitchell and Spieker, 1987; Olds, Henderson, Tatebaum and Chamberlin, 1986; Olds, Henderson, Tatebaum and Chamberlin, 1988); quality child development services that are coupled with family services (Lally, Mangione and Honig, 1987; Brooks-Gunn, Klebanov, Liaw and Spiker, 1993); continuity of service delivery for the child and family that ensures the availability of support over a number of years with smooth transitions to other service delivery systems (Campbell and Ramey, 1994); continuity of caregivers (Howes and Hamilton, 1992); intensity of service delivery in terms of availability, accessibility, and usage of services (Booth, Barnard, Mitchell and Spieker, 1987; Ramey, Bryant, Wasik, Sparling, Fendt and LaVange, 1992); and consolidation or integration of service delivery systems. Further, research tells us that communities have been found to become more responsive to the needs of low-income families as a result of program activities (Kirschner, 1970).

The challenge... will be to translate the research findings into the design and operation of high quality programs.

Clearly, research over the past three decades has shown that when programs focus on both child development and family development through early, high quality, comprehensive, continuous, intensive services, opportunities for optimal child and family development can be realized, even for the most vulnerable families and very young children. The challenge for the Administration on Children, Youth and Families and the programs which will receive funds through this initiative is to translate these research findings into the design and operation of high quality programs so all families with young children served by Early Head Start will be able to grow and prosper. The following principles and cornerstones establish the framework for this to occur.

Program Principles

In recognition that each child is an individual who is supported by a family and that families are supported by neighborhoods and communities, the Advisory Committee recommends that programs funded under the new initiative be encouraged to develop a range of strategies for supporting the growth of the very young child within the family and the growth of the family within the community. Thus, each Early Head Start program should be family-centered and community-based. We recommend that the following principles serve as the conceptual foundation for Early Head Start:

- ***High Quality***: Commitment to excellence will enable the new programs to be models for services to families with infants and toddlers from all socioeconomic strata of society. High quality will be assured in the direct services provided, and in the services provided through referral. To this end, each program will acknowledge and utilize the bodies of knowledge, skills and professional ethics surrounding the fields of child development, family development and community building. In particular, programs will recognize that the conception-to-three age period is unique in both the rate of development and in the way young children's physical and mental growth reflects and absorbs experiences with caregivers and the surroundings. Thus, high quality caregiving practices will spring from the healthy awareness that the unique nature of infant and toddler development not only carries with it major opportunities for intervention, but also leaves children especially vulnerable to negative inputs. The Federal government will share in the commitment to high quality by providing thorough and ongoing monitoring to assure program adherence to performance standards; technical assistance that addresses each program's individual needs and amplifies innovation and development across all programs; evaluation which measures program success against meaningful outcomes for young children and families; and research which contributes to the state of the art on child

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development, family development and community building.

- ***Prevention and Promotion***: Recognizing that windows of opportunity open and close quickly for families and young children, programs will seek and pursue opportunities to play a positive role in promoting the physical, social, emotional, cognitive and language development of young children and families before conception, prenatally, upon birth, and during the early years. By supporting the promotion of their health and well-being, program staff will be able to prevent and detect problems at their earliest stages, rallying the services needed to help the child and family anticipate and overcome problems before they interfere with healthy development. While early and proactive promotion of healthy development and healthy behaviors will be emphasized, programs will also need to be able to understand and respond to family crises that may occur while the family is enrolled in the program.

- ***Positive Relationships and Continuity***: The success of each program will rest on its ability to support and enhance strong, caring, continuous relationships which nurture the child, parents, family, and caregiving staff. Programs will support the mother-child, father-child bond by recognizing each parent as his or her child's first and primary source of love, nurturance and guidance. Caregiving will be provided to families who need it in ways that support infant and toddler attachment to a limited number of skilled and caring individuals, thus maintaining relationships with caregivers over time and avoiding the trauma of loss experienced with frequent turnover of key people in the child's life. These relationships will aim to respectfully enhance child interest, curiosity, play and imagination, which, in turn, will develop a shared sense of trust, confidence and esteem for both caregiver and child. In addition, programs will model strong, mutually respectful relationships between staff and families, among staff, and with other community organizations and service providers. To do so, programs will be receptive to individual strengths, perspectives and contributions; affirm the value of the child and family's home culture; and support an environment where very young children, parents and staff can teach and learn from each other.

The success of each program will rest on its ability to support and enhance strong, caring, continuous relationships which nurture the child, parents, family, and caregiving staff.

As in all Head Start efforts, a hallmark of the new initiative will be the creation and sustenance of an environment that supports the highest level of partnership with parents, both mothers and fathers.

- ***Parent Involvement***: As in all Head Start efforts, a hallmark of the new initiative will be the creation and sustenance of an environment that supports the highest level of partnership with parents, both mothers and fathers. As such, programs will support parents as primary nurturers, educators, and advocates for their children; assure that each parent has an opportunity for an experience that supports his or her own growth and goals, including that of parenting; and provide a policy- and decision-making role for parents. Furthermore, opportunities for parent involvement will encourage independence and self-sufficiency for parents. Special efforts will be made to welcome and support fathers as parenting partners.

- ***Inclusion***: Programs will seek to build communities that respect each child and adult as an individual while at the same time reinforcing a sense of belonging to the group. Programs will support participation in community life by young children with disabilities and their families; families of very young children with significant disabilities will be fully included in all program services.

- ***Culture:*** Children and their families will come to the new programs rooted in a culture which gives them meaning and direction. Programs will demonstrate an understanding of, respect for, and responsiveness to the home culture and home language of every child, thus affirming the values of each family's culture and providing the context for healthy identity development in the early years of life. Program staff will become aware of their own core beliefs and values and be attuned to the role culture and language play in child development, family development and the surrounding community values and attitudes. Programs will pursue opportunities to support home culture and language, while also recognizing the significance of a common culture shared by all. In building a more harmonious and peaceful community for children to grow in and for families to share, programs will encourage and provide opportunities for families and community members to engage in dialogue about culture, language, cultural diversity and multiculturalism.

Programs will honor and build upon the unique strengths and abilities of the children, families and communities they serve...

- ***Comprehensiveness, Flexibility, Responsiveness, and Intensity***: Programs will honor and build upon the unique strengths and abilities of the children, families and communities they serve and continually adapt to meet emerging needs. Developmental opportunities provided to each infant and toddler will address the whole child and be continually adapted to keep pace with his or her developmental growth. And just as programs need to be responsive and attentive to the special needs of very young children with disabilities, they also need to be responsive to parents with disabilities. Family development planning and service provision will be grounded in the belief that families, including those whose problems seem overwhelming, can identify their own goals, strengths and needs, and are capable of growth and change. Once these are identified, program resources of varied intensity will be marshaled to support the whole family in an individualized and responsive manner. Barriers which prevent families from accessing needed supports will be overcome through the location, coordination, and assurance by program staff that services are provided and received. Attention will also be given to ensure programs meet the needs and schedules of working parents. Ultimately, each parent's sense of empowerment and ability to identify and address his or her family's needs will be fostered by responsive and caring relationships with program staff.

- ***Transition***: Programs will be responsible for ensuring the smooth transition of children and their families into Head Start or other preschool programs which are of high quality and provide consistent and responsive caregiving. The Federal government must support both Early Head Start and Head Start programs in carrying out this responsibility. Transition is important for ensuring continued accessibility to enriching early child development experiences and for providing ongoing family support services that promote healthy family development. To facilitate this transition, parents and caregivers should jointly develop a family and child transition plan, identifying services which will continue and new services and programs which will be accessed. Caregivers from both Early Head Start and the new service programs will share responsibility for coordinating and implementing the plan.

- ***Collaboration***: Recognizing that no one program will be able to meet all of a child's and family's needs, programs will initiate or become embedded in an integrated community system of service providers and strength building organizations such as churches and other religious institutions, schools and civic groups. These efforts will foster a caring, comprehensive and integrated community-wide response to families with young children, thus maximizing scarce financial resources and avoiding duplication of agency effort. Likewise, the Federal government will promote systems change and the efficient use of resources through the active pursuit of local, State and Federal partnerships which enhance the capacity of local programs to collaborate and combine financial resources.

Program Cornerstones

The principles outlined above establish the foundation for Early Head Start, a program that meets child development, family development, and health related goals while striving to provide high quality, comprehensive, and individualized support and services. In order to accomplish this, the Advisory Committee recommends that the Secretary of Health and Human Services adopt these key elements as the four cornerstones for Early Head Start: child development, family development, community building, and staff development.

Child Development

Programs will seek to enhance and advance each child's development by providing individualized support that honors the unique characteristics and pace of infant/toddler physical, social, emotional, cognitive and language development, including early education and health care. Critical to this development is the promotion of positive parent-child interactions and the enhancement of each parent's knowledge about the development of their child within healthy, safe environments. An early step for providing this support to parents will be the provision of home visits to families with newborns to offer early encouragement and support and build bridges for families to other resources in the community. Also critical to the child's development is access to and delivery of comprehensive health and mental health services for children, including regular child health care; screening for health problems such as hearing, anemia, lead poisoning, metabolic problems; immunizations; nutritional assessment; developmental surveillance and anticipatory guidance. All children deserve a medical home that provides these and other prevention and treatment services. To help facilitate this, Early Head Start programs will collaborate with a variety of organizations and disciplines to ensure health supervision for children and their families.

An early step for providing this support to parents will be the provision of home visits to families with newborns...

It is particularly important that Early Head Start ensure coordination and continuity of services for infants and toddlers with or at risk of a disability, who are eligible for services through Early Head Start and Part H of the Individuals with Disabilities Education Act. These two service systems should be coordinated and integrated so that families and their children experience a seamless system of services, as identified in their family development plan or individualized service plan.

It is particularly important that Early Head Start ensure coordination and continuity of services for infants and toddlers with or at risk of a disability.

As programs provide child development services, they must ensure that infants and toddlers who need child care receive high quality part- and full-day services. Such child care can be provided directly or in collaboration with other community providers as long as the Early Head Start program assumes responsibility for ensuring that all settings meet the Early Head Start performance standards.

In general, the setting where these services are delivered is left to local option and the preferences of families as identified through their individual family development plan. Settings can represent a range of options including home visiting; family support centers; family child care homes; child care centers; centers where families are engaged in education, training, or employment; community health centers; and others.

Family Development

Programs must recognize that the key to optimal child development and family development is the empowerment of parents in goal setting for themselves and their children. Therefore, families and staff will collaboratively design and update individualized family development plans which ensure that service delivery strategies are rooted in the foundation principles and are responsive to the goals and ideals of the families. When families are served by additional programs which also require an individualized family service plan, such as Part H of the Individuals with Disabilities Education Act and family employability plans, then a single coordinated plan should be developed so families experience a seamless system of services. Based on the plan, programs will ensure the provision of a full range of family services which consider the different support and

educational opportunities needed by new parents, pregnant women and expectant fathers, and potential parents, as well as by siblings and extended family members who influence the development of the family and very young child.

It is particularly important that parental health is linked to children's health and development. As such, health services for parents need to be included as part of a two-generational model of health care. Health services must be accessible for parents with a special emphasis on women's health that occurs prior to, during, and after pregnancy.

It is particularly important that parental health is linked to children's health and development.

Services which programs must provide directly or through referral, and which local Early Head Start programs must actively ensure are of high quality and appropriately followed up include: child development information; health services, including services for women prior to, during, and after pregnancy; mental health services; services to improve health behavior such as smoking cessation and substance abuse treatment; services to adults to support self-sufficiency, including adult education and basic literacy skills, job training, assistance in obtaining income support, food, and decent, safe housing, and emergency cash or in-kind assistance; and transportation to program services. Programs must provide directly opportunities for parent involvement in the program so that parents can be involved as decisionmakers, volunteers, and/or employees. Additional services not listed above, but identified by families through community needs assessments and mappings, may be provided either directly or through referral at local option.

Community Building

The commitment of programs to high quality care for very young children and their families serves as a catalyst for creating a community environment that shares responsibility for the healthy development of its children. A program approach that exemplifies openness and caring is the start of community building. Programs should function in communities in a way that mirrors the principles that are the foundation of the program itself: parents become a vital resources for each other and the community at large; staff nurture networks of support; and

By becoming a key actor in the life of the community, programs can serve to mobilize community resources and energies on behalf of children and families.

programs develop relationships of trust with other community institutions, businesses, and with community leaders. By becoming a key actor in the life of the community, programs can serve to mobilize community resources and energies on behalf of children and families.

Essential to community building is ensuring a comprehensive network of services and supports for very young children and their families which are culturally responsive. Programs will be expected to establish collaborative relationships with other community providers and strength-building organizations such as churches and other religious institutions, schools and civic groups. The goal of these relationships will be three-fold: increased access to high quality services for program families; assurance that the program's approach to serving families with infants and toddlers fits into the existing constellation of services in the community so that there is a coherent, integrated approach to supporting families with very young children; and systems change which will spark community caring and responsive service delivery for all the families with young children who live there. Thus, all programs will be required to conduct an in-depth assessment of existing community resources and needs and engage in an ongoing collaborative planning process with a range of stakeholders, including parents and residents of the community.

Staff Development

Programs are only as good as the individuals who staff them.

Programs are only as good as the individuals who staff them. This is particularly true of programs which serve young children, since the potential to do harm during the vulnerable years of infancy and toddlerhood is so great. Thus, staff development has been included as a key element in order to underscore its centrality to the success of the initiative.

Programs will be required to select staff who, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide high quality, comprehensive, culturally appropriate, and family-centered services to young children and families. Equally critical will be each program's ability to recognize individuals capable of entering into one-to-one caregiving relationships with infants and toddlers which support

the positive formation of their identities. Likewise, programs will need to identify the capacity of potential staff members to develop caring, respectful and empowering relationships with families and other coworkers. Such individuals will demonstrate characteristics such as high self-esteem, personal strength, and the capacity for being emotionally available. The program directors who make these selections will, themselves, need to possess these characteristics in addition to being highly skilled administrators who exemplify leadership qualities such as integrity, warmth, intuition and holistic thinking.

Staff training programs will ensure that staff are "cross-trained" in the areas of child development, family development and community building.

Ongoing staff training, supervision and mentoring of both line staff and supervisors will be an integral part of staff development. Such training, supervision, and mentoring will reflect an interdisciplinary approach and emphasis on relationship building. Staff training programs will ensure that staff are "cross-trained" in the areas of child development, family development and community building. Particular emphasis will be placed on building skills in the areas of home visiting; caregiving relationships; effective communication with parents; family literacy; healthy/safe environments and caregiving practices; early identification of unhealthy behaviors or health problems; service coordination; and the provision of services and support to diverse populations, including families and children with disabilities and developmental delays. In addition, training efforts and supervision will be designed to develop each staff person's capacity to function as a member of a well-integrated, diverse and mutually supportive team comprised of families and other staff. To this end, training and supervision will support opportunities for practice, feedback and reflection. Another strategy for training is the development of multi-disciplinary teams of caregivers who can engage in team teaching, sharing concerns and problems, exploring different approaches, and learning practical skills for working with participants of the program and service providers from other relevant delivery systems. As such, training will model and reinforce the foundation principles of this initiative.

And finally, staff selection, training and supervision will be grounded in the knowledge that high quality performance and development occurs when they are linked to rewards such as salary, compensation, and career advancement; provided in

- environments that spark curiosity, excitement and openness to new ideas; and grounded in best practices revealed by ongoing research, evaluation and monitoring.

Federal Commitment

Both individual programs and the Federal government must work hand in hand to realize the vision, principles, and program concept outlined above for the Early Head Start program. The Advisory Committee believes that a Federal commitment to training, monitoring, research and evaluation, and partnership building which respects and supports local program responsibility, initiative, and flexibility is paramount for the programs' success. In addition, Federal commitment is also needed to support and learn from existing Federal programs serving families with infants and toddlers so that they will have the opportunity to achieve excellence and meet the standards that will be set forth for this initiative. With this commitment, we feel the initiative for families with infants and toddlers will be able to serve as a national laboratory both testing and exemplifying quality child development and family development programs.

Training

Clearly the quality of programs is contingent upon the ongoing support and development of program staff who are trained in the various disciplines which support the principles of family-centered services. As described earlier, program staff need to be able to facilitate both the development of very young children and the development of families. But in too many communities, staff who can play this dual role are few or nonexistent.

...Public-private partnerships aimed at establishing a cadre of highly trained practitioners and trainers who will be able to support the development of very young children and their families.

The Advisory Committee urges the Secretary to engage in public-private partnerships aimed at establishing a cadre of highly trained practitioners and trainers who will be able to support the development of very young children and their families. Such an effort should extend beyond the scope of the new initiative for families with infants and toddlers, so that children cared for in a variety of settings will benefit from this commitment to enhancing the quality and quantity of caregivers. An example of such a partnership would be a commitment on the part of the Federal

government to work with institutions of higher learning to ensure multi-disciplinary pre-service education and field work experience is available for students who wish to work in family-focused programs serving very young children and their families. Another example would be partnering with the foundation or philanthropic community to develop scholarship programs for low-income students desiring but unable to enter the field. A further example is coordinating with organizations of professional trainers to ensure they have the skills, resources and supports needed to work with programs providing early, continuous, intensive and comprehensive services and support to very young children and their families.

When designing the specific training and technical assistance plan for Early Head Start, the Federal government must focus on the whole spectrum of support and services that are needed for developing and advancing high quality staff, from pre-service and in-service training to supervision and mentoring. These supports and services must be provided in a continuous, holistic, responsive manner with the goal of building and nurturing the highest quality caregiving in all programs.

In addition to the focus on training, the Federal government also needs to take the lead in modeling a commitment to and respect for the importance of the caregiving profession. Given this, the Advisory Committee urges the Secretary to implement the Early Head Start program so that it models appropriate competencies, institutionalization of career ladders for staff working within the programs, and provision of staff salaries that are comparable to the importance of the job.

Monitoring

All programs need support and guidance to engage in continuous improvement.

All programs need support and guidance to engage in continuous improvement. As directed by the legislation, the Secretary of the Department of Health and Human Services must provide this support and guidance through ongoing monitoring of the operation of these programs, evaluating their effectiveness, and providing training and technical assistance tailored to the particular needs of such programs.

The Advisory Committee reminds the Secretary that performance standards must be developed and issued in order to set forth the expectation of high quality services and environments for programs serving families with infants and toddlers. It is recommended that there be consistency in the principles and framework of the Early Head Start and Head Start performance standards, with the goal being a seamless approach to Federal performance standards for children from birth to age five. While the goal should be a seamless approach, clearly the content of the standards will vary to reflect the differences in development of children during this age span. Once these are issued, monitoring should become a tool for both measuring progress toward these high quality standards and for engaging in continuous improvement.

Research and Evaluation

Evaluation of Early Head Start is essential for determining the effectiveness of the initiative and for advancing our understanding about which services work best for different families under different circumstances. Evaluation data and information collected at the local level as part of management information systems and ethnographic research are helpful to provide ongoing feedback to programs and support staff in packaging and delivering a comprehensive array of services which are responsive to and reflective of the individual needs of very young children and their families.

The Advisory Committee believes that the Secretary must approach evaluation not just as a mechanism for producing summary statistics and reports about the changes in child and family development as a result of these new efforts, but as a tool for individual programs so that they can continuously refine their practices based on feedback from their own program evaluation. This feedback is essential to identify the particular conditions and activities that enable parents and other caregivers to most successfully support children's development. It is also essential to test and refine as appropriate the quality of planning, training, staff selection, supervision and program management that is crucial to program success. These lessons learned will benefit local Early Head Start programs, add new knowledge to the fields

of child and family development, and will help shape future efforts at the Federal level for very young children and their families.

In keeping with the Head Start national laboratory role, we encourage research... to learn more about the effectiveness of different interventions for very young children and their families.

In keeping with the Head Start national laboratory role, we encourage research that examines variations in Early Head Start experiences on child development to learn more about the effectiveness of different interventions for very young children and their families. Accordingly, we encourage the testing of new models which might focus on linkages between this initiative and welfare reform, special coordination with Part H of the Individuals with Disabilities Education Act, or efforts to support teen parents who are either in school or training. Equally important will be research that identifies features of intervention which optimize relationship building, and research that examines variations in caregiving experiences as they influence child development.

We also recommend that research and evaluation for this initiative be part of an overall research agenda for Head Start which places Head Start in the broader context of research on young children, families, and communities; ensures a commitment to ongoing themes; and has the flexibility to respond to new and emerging developments in the broader early childhood and family development fields.

Partnership Building

Just as local programs will be required to coordinate services in the State and community to ensure a comprehensive array of services, the Federal government must also build partnerships across programs, agencies and departments to facilitate effective integration and coordination of resources and services.

The Advisory Committee points out that it is especially important that the Head Start Bureau work with the U.S. Maternal and Child Health Bureau and the Medicaid program to enhance the availability of and access to comprehensive health services for pregnant women, and very young children and their families. The Advisory Committee particularly recommends Federal leadership in the development of services that are scarce in communities,

such as mental health services that meet the needs of families with infants and toddlers. It is equally important that linkages be made with the U.S. Department of Education, Office of Special Education and Rehabilitative Services and the Federal Interagency Coordination Council so that there is a clear message from the Federal government about the importance of partnership around early intervention at the Federal, State and community levels, especially between this initiative and Part H of the Individuals with Disabilities Education Act. The formation of a single Federal Interagency Coordination Council to address services for families with infants and toddlers who are served by Head Start and/or by Part H is recommended. Further, the Head Start Bureau is advised to develop partnerships with the National Institute of Child Health and Development and the National Institute of Mental Health so that programmatic and research activities can be coordinated and the results benefit and influence the work of all institutions.

Beyond coordination and partnership building among the many programs, agencies, and departments of the Federal government, the Advisory Committee advises the Head Start Bureau to continue consultation with professional organizations from relevant child and family development disciplines. Such consultation will help staff of the Head Start Bureau learn about emerging knowledge and apply this to the planning, implementation, and evaluation of this and other programs.

By allowing and encouraging Early Head Start communities to partner with other funding streams, it may be possible in some communities to provide access to most or all families with very young children.

Finally, it is equally important that the Head Start Bureau re-evaluate its own regulations and procedures to support local creativity and responsiveness to the needs of very young children and their families. As a first step, the Advisory Committee recommends that the Secretary explore opportunities for Early Head Start programs to combine these resources with other public and private funding sources in order to serve more very young children and their families who might benefit from Early Head Start services and support. This is especially important as many Advisory Committee members feel that all children within a very low income community should be afforded access to these services. By allowing and encouraging Early Head Start communities to partner with other funding streams, it may be possible in some communities to provide access to most or all families with very young children.

Funding

All of the above issues—from the principles to the program concept and Federal commitments— are moot when there are not adequate resources to develop and sustain high quality in each program. Advisory Committee members see the role of Early Head Start as a national laboratory and catalyst for change. The members point out that a Federal commitment is needed to ensure that resources are available in the short- and long-term to support the provision of high quality, well-integrated services.

Conclusion

Early Head Start represents a new era of support for America's youngest children and their families. It sets forth a vision that honors the unique strengths of very young children, their families and communities, and the staff who work with them. It calls for programs to provide family-centered and community-based services and supports that are individualized, of highest quality, and that promote positive health and development. And it commands significant attention at the Federal level for training, technical assistance, monitoring, and research and evaluation to ensure these programs can flourish.

The members of the Advisory Committee on Services for Families with Infants and Toddlers are proud to set forth this vision and implementation design for Early Head Start. We call on the Secretary and the nation to move ahead rapidly with a series of steps to make this vision a reality. So much is at stake for our youngest children and their families.

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Biographies of Advisory Committee Members

Susan Aronson is a practicing pediatrician at The Children's Hospital of Philadelphia, as well as an active member of the American Academy of Pediatrics. She also serves as the Director of the Pennsylvania AAP Early Childhood Education Linkage System, and was the Liaison Representative of the AAP to the Head Start 25th Anniversary Silver Ribbon Panel, setting national goals for the future of Head Start. Previously, she was a member of the Head Start Health Task Force and the Central Steering Committee of the AAP/APHA setting national standards for health and safety in out-of-home settings for children. She has also published numerous works on health and care of children in group settings.

Kathryn E. Barnard is a professor of nursing and adjunct professor of psychology at the University of Washington, where she has also served as associate dean of the School of Nursing. For the past 30 years, she has been a scholar, researcher, and educator with interests in children and parenting. She coordinated the risk and prevention group for the John D. and Catherine T. MacArthur Foundation's health network on the transition to early childhood. Her research has focused on the interaction of children with their environment, particularly infants at biological and environmental risk. She is Past President on the Board of Zero to Three--the National Center for Clinical Infant Programs. She is a member of the American Academy of Nursing and the Institute of Medicine and has received many awards in nursing and public health.

Mary Jane Bevins is the Director of a multifaceted Head Start program that includes Parent and Child Centers, center-based and home-based services for three- and four-year-olds, and a Head Start Transition project. In addition to her experience as a practitioner, she has also provided training and technical

assistance to Head Start programs in all component areas. Ms. Bevins has been a member of several task forces including the National Task Force for Parent and Child Centers, and the PCC Training Advisory Council for the National Center for Clinical Infant Programs.

Helen Blank is Director of Child Care and Development at the Children's Defense Fund, where she led a large-scale, successful effort to pass the first comprehensive federal child care legislation since World War II. She has focused a great deal of her efforts on strengthening both federal child care and Head Start policies. In addition, she provides technical assistance to states and policy leaders on early childhood development issues. Prior to joining the Children's Defense Fund, Ms. Blank worked at Child Welfare League of America, and helped to improve and expand participation in federal food programs serving low-income children with the National Child Nutrition project and the Community Nutrition Institute.

Sue Bredekamp is Director of Professional Development, National Association for the Education of Young Children. Among some of her roles as director are managing the NAEYC accreditation system, directing the National Institute for Early Childhood Professional Development, and developing association position statements relevant to defining professional standards and practices. Dr. Bredekamp specializes in developmentally appropriate practices for preschoolers and has authored a book on developmentally appropriate practices for children birth through age eight. She has served on numerous panels and as a consultant on the issues of professional development and accreditation. She developed the Early Childhood Classroom Observation Scale, used by NAEYC's accreditation system, and served as a study advisor to the Observational Study of Early Childhood Programs, sponsored by the Department of Education.

Urie Bronfenbrenner, the Jacob Gould Schurman Professor Emeritus of Human Development and Family Studies and of psychology at Cornell University, is an expert on developmental psychology, child-rearing, and the ecology of human development. A founder of the national Head Start Program, Dr. Bronfenbrenner is internationally renowned for his cross-cultural studies and is a recipient of honorary degrees both in this country

and abroad. His theoretical contributions and his ability to translate them into rigorous operational research models and effective social policies spurred the creation of Head Start and furthered the goals of Cornell's Life Course Institute, which has been renamed in his honor. Dr. Bronfenbrenner is the author, co-author, or editor of 13 books and more than 300 articles, most notably *Two Worlds of Childhood: U.S. and U.S.S.R.* and *The Ecology of Human Development.*

Bettye Caldwell is Professor of Pediatrics in Child Development and Education at the University of Arkansas for Medical Sciences. Known for her research of the home environment and its relationship to growth and development, she has served in many research and practitioner positions. Throughout her career, she has published numerous articles and books on infant and child development and child care, and contributed early work around the establishment of Head Start. One of Dr. Caldwell's most recent projects was "An Ecological Study of Infant Care," designed to study the long term effects of infant day care. In addition, she has been a leader in the early childhood field, serving as President of the NAEYC and a member of the Governing Board of the Society for Research in Child Development, and participating in international consulting and speaking engagements.

Jane Campbell is a State Representative serving her fifth term in the Ohio House of Representatives. She chairs the Oversight Committee on Abused, Neglected, and Dependent Children and is a member of the Children and Youth Committee. She has also been involved with a number of committees that have looked at Ohio's school system, domestic relations, and adolescent sexuality and pregnancy. She has sponsored a number of important bills for children and their families including legislation to expand subsidized child care so 20,000 additional children can get quality care which will enable their parents to work; extending medicaid to working pregnant women; correcting discrimination against pregnant teenagers; and simplifying voluntary paternity procedures so unmarried fathers can take responsibility for their children.

Gayle Cunningham is the Executive Director of the Jefferson County Committee for Economic Opportunity, the Community

Action Agency based in Birmingham, Alabama. She directs that agency's Child Development Services Division, which includes Head Start and Parent and Child Center programs, and a Head Start-Public School Transition Demonstration Project. The agency also operates a wide variety of other programs for low-income families and individuals. She was formerly an Assistant Professor responsible for coordination of the early childhood AA degree program at Delgado College in New Orleans, and a Senior Research Associate for Bank Street College responsible for the expansion of the Child Development Associate credentialing program to include infant/toddler caregivers.

Sharon Darling is the Founder and President of the National Center for Family Literacy. In 1989, with a grant from the Kenan Trust, the National Center for Family Literacy was created to promote family literacy programming nationwide. While State Director of Adult Education in Kentucky, she directed the development of the Parent and Child Education program, forerunner of the family literacy movement. Ms. Darling is Vice Chair of the Board of Directors for the National Institute for Literacy, a board member of both The Barbara Bush Foundation for Family Literacy, and the National Coalition for Literacy. She has received numerous awards for her contributions to education, including the prestigious Harold W. McGraw Award for Outstanding Educator in 1993.

Amy L. Dombro is an Infant/Toddler Specialist. Formerly Director of the Infant and Family Center at Bank Street College of Education, she is an expert in infant/toddler programs. Ms. Dombro has extensive experience training Head Start and child care staff. She has also authored three books and numerous articles for parents and caregivers. Currently, consulting with Families and Work Institute, she is directing the evaluation of Dayton Hudson's Child Care Aware/Family-to-Family Project, a national initiative to improve the quality of family child care.

Anne Cohn Donnelly is the Executive Director of the National Committee to Prevent Child Abuse. As Executive Director, she oversees a 50-state network of chapters, a national center on child abuse prevention research, and extensive training in educational programs and advocacy efforts. The National Committee has provided leadership for the replication of the Hawaii Healthy Start

home visiting model through its Healthy Families America initiative. Prior to joining NCPCA, she served as a White House Fellow and Special Assistant to the Secretary of the Department of Health and Human Services, handling a broad range of issues for the Secretary including children's health and social services. She has also lectured and published widely, and has designed the first national evaluation study of child abuse treatment programs.

Robert Emde is professor in the Department of Psychiatry at the University of Colorado Health Sciences Center and Adjunct Professor of Psychology at the University of Denver. Dr. Emde is highly respected for his work on infant emotional development, and is the author or co-author of over 200 scholarly articles and chapters. Dr. Emde has held leadership positions in numerous national organizations and has served as an editor of developmental and clinical journals. He is the Past President of the Society for Research in Child Development, Senior Scientific Advisor for the World Association for Infant Mental Health, and a Board Member of Zero to Three. Additionally, Dr. Emde has been the invited plenary speaker for many national and international conferences.

Lily Wong Fillmore is a professor at the School of Education, Language and Literacy Division, at the University of California, Berkeley. She is recognized as a leading expert on issues of cultural diversity in child development and educational progress. Dr. Fillmore is also known for her work on language acquisition. She is currently on the National Advisory Committee of The Literacies Institute, funded by the Andrew Mellon Foundation, and the National Advisory Committee of the Linguistic Minorities Resource center on Educational Equity of the Council of Chief State School Officers.

Susan Fowler is the Head of the Department of Special Education at the University of Illinois in Champaign. She is a well respected researcher in the field of early childhood special education, and has authored numerous articles and chapters. Dr. Fowler has served in a national leadership role as the President of the Division for Early Childhood (DEC) in the Council for Exceptional Children. She is currently a member of the National Advisory Board of the National Early Childhood Technical

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Olivia Golden is the Commissioner for the Administration on Children, Youth and Families at the Department of Health and Human Services. Prior to coming to HHS, Dr. Golden served as the Director of Programs and Policy for the Children's Defense Fund in Washington, DC, where she was responsible for policy development, advocacy, research, data analysis, and writing about a variety of children and family issues. Prior to that, she served as Lecturer in Public Policy at the John F. Kennedy School of Government, where she focused her research on child and family policy and public management. From 1983-1985, Dr. Golden served as the Budget Director for the Executive Office of Human Services in the Commonwealth of Massachusetts. She is the author of a recently published book, *Poor Children and Welfare Reform* (Auburn House Press, 1992), and several papers and articles. Her research has focused on the way services work for real people, including issues of innovation, collaboration and effective service delivery for children and families.

Sarah Greene is the Chief Executive Officer of the National Head Start Association. Mrs. Greene has held a host of positions in the Head Start community including President of the National Head Start Association, a classroom teacher, Education Director, Head Start Director and Executive Director of Manatee Opportunity Council, Inc. (a Community Action Agency). She serves as an ambassador for Head Start, speaking across the country, testifying before Congress, and participating with many other national organizations.

Judith Jerald is the Director of a Comprehensive Child Development Program (CCDP) in Vermont. She coordinates an early childhood family support system for Brattleboro Town School District which serves families with children prebirth through age eight, and includes a CCDP, Even Start, a Parent and Child Center, a Teen Parent Infant-Toddler Center at the high school, and transition to school programs. Ms. Jerald has extensive experience in program design, providing a wide array of direct social services, training, community organization, and administration. She is a member of the National Association of Social Workers and National Education Association.

Linda Kills Crow is the Director of Early Childhood Services (Head Start and the Child Care Development Block Grant Programs) for the Osage Tribe of Oklahoma and has been the President of the National Indian Head Start Directors Association since 1990. Prior to her current position, Ms. Kills Crow was the Director of the Native American Education Program at the University of Colorado, Denver. Ms. Kills Crow was a Head Start/Johnson and Johnson Management Fellow in 1991 and has served on numerous state and national boards, committees, and task forces.

J. Ronald Lally is the Director of the Center for Child and Family Studies of the Far West Laboratory for Educational Research and Development in California. He is also the Director of the Program for Infant/Toddler Caregivers. Prior to joining Far West Laboratory, Dr. Lally was a professor at Syracuse University, where he directed the Family Development Research Program. He is highly respected for his work in the emotional and social development of infants and toddlers. Additionally, Dr. Lally has expertise in developing both programs and training materials for young children and their caregivers. He is Founding Member and serves on the Board of Directors of Zero to Three (National Center for Clinical Infant Programs).

Joan Lombardi serves as a Senior Advisor to the Assistant Secretary for Children and Families on child care and Head Start issues. As an early childhood specialist, she has advocated for improved and expanded services to very young children and their families through her work with a wide variety of national, state, and community-based organizations. She is the author of numerous publications, including *Creating a 21st Century Head Start*, the landmark report of the Head Start Advisory Committee on Quality and Expansion.

Harriet Meyer is the Executive Director of the Ounce of Prevention in Chicago, Illinois. The Ounce of Prevention supports programs focusing on teen parents and their children from 0-3, directly operates and administers the Beethoven Project, and is one of two Head Start grantees in Chicago as well as three school based adolescent health clinics. The Ounce also directs Kids Pepp, the Public Education and Policy Analysis Division at the Ounce. Previously, Ms. Meyer was the Director of the Wells

Community Initiative in which she directed the Ounce of Prevention's involvement in the revitalization of the Ida B. Wells public housing complex in Chicago.

Evelyn K. Moore is the Executive Director and founder of the National Black Child Development Institute, a national network of 40 affiliates in 23 states which work to improve the quality of life for African American children and their families. Before founding the Institute, Ms. Moore worked as a Special Assistant to Wilbur Cohen, former Secretary of Health, Education and Welfare, at the University of Michigan at Ann Arbor. Ms. Moore currently serves on the Boards of the National Council of Jewish Women Center for the Child, Child Trends, and Child Care Action Council. She works as a consultant to the Office of Education in addition to numerous philanthropic organizations.

Genoveva P. Morales has been President of the National Migrant Head Start Director's Association for the past two years and presently serves as the Migrant Head Start Director for the Washington State Migrant Council. Ms. Morales has served the migrant community in many roles including Special Services Director and Migrant Education Chapter I Program Director. In addition to her work with migrant and seasonal farmworkers, Ms. Morales has held various positions in the academic setting serving as a Research Assistant at the University of Texas at San Antonio, a financial aid counselor at the University of Washington, and an academic counselor at Eastern Washington University and at the Yakima Valley Community College. Her personal commitment to an improved transition effort of Head Start children into public school has led her to obtain her state certification for counseling in the public school setting.

Dolores Norton is a professor in the School of Social Service Administration, University of Chicago. She writes and teaches in the area of early human development within a sociocultural, ecological context, and directs the "Building Partnerships for Family Support Education and Training" project, a collaborative educational program between community based agencies, universities, and educational training organizations. She received her M.S.S. and her Ph.D. degrees from Bryn Mawr College. Dr. Norton's major research is an ongoing longitudinal study of parent-child interaction and developmental outcomes of inner city

African American children from birth through age eleven, growing up in poverty stricken, dangerous neighborhoods. The research focuses on the children's socio-cognitive development with an emphasis on temporal and linguistic development and early academic achievement. She was a member of the founding board of Family Focus, Inc., and currently serves on boards such as Zero to Three: the National Center for Clinical Infant Programs and the Ounce of Prevention and Education for Parenting Advisory Boards.

Maria Elena V. Orrego is currently consulting and providing technical assistance to the Commission on Social Services, Department of Human Services, Government of the District of Columbia, to develop a five year strategic plan for the Federal Family Preservation and Support Services Program. Ms. Orrego was the former Executive Director of The Family Place, Inc., a comprehensive family support program in Washington, D.C. providing services to Latino and African-American families. Ms. Orrego was responsible for the planning, management, and evaluation of programs in two family support centers. Ms. Orrego has 10 years of experience as a direct social services provider in inner city communities, and twelve years of experience in development, implementation, and evaluation of community based programs for children and families. In addition to her work with families in inner city communities, Ms. Orrego serves as a member of the Board of Directors of the Family Resource Coalition and the D.C. Act for Children.

Carol Brunson Phillips is the Executive Director of the Council for Early Childhood Professional Recognition, which administers the Child Development Associate National Credentialing Program. Throughout her career in early childhood education, she has been involved in both teaching young children and training teachers, first as a Head Start teacher. For 13 years she was a member of the Human Development Faculty at Pacific Oaks College in Pasadena specializing in early childhood education and cultural influences on development. Dr. Phillips is currently a member of the Technical Advisory Panel of the Head Start Bilingual and Multicultural Program Services Study and the National Head Start Training Panel of Experts.

Deborah Phillips is Director of the Board on Children and Families on the National Research Council's Commission on Behavioral and Social Sciences and Education and the Institute of Medicine. She is on leave as associate professor of psychology at the University of Virginia. Dr. Phillips received her Ph.D. in developmental psychology at Yale University. She was the first director of the Child Care Information Services of the National Association for the Education of Young Children and is a member of many task forces and advisory groups that address child and family policy issues, including the research task force of the Secretary's Advisory Committee on Head Start Quality and Expansion of the U.S. Department of Health and Human Services. Dr. Phillips has testified frequently before Congress on issues of child care quality.

Ed Pitt is Associate Director of the Fatherhood Project at the Families and Work Institute. The project is a national research and education initiative examining the future of fatherhood and ways to support men's involvement in childrearing. Mr. Pitt has been involved in many significant initiatives such as the White House Conference on Families, President's Commission on Mental Health, Secretary's Task Panel on Teen Pregnancy Prevention, and the National Health Council.

Gloria Johnson Powell is a child psychiatrist, formerly a professor of child psychiatry at Neuropsychiatric Institute at UCLA, and is currently a tenured Professor at Harvard Medical School. She is best known for her research on the psychosocial development of minority group children. She wrote the first textbook in child psychiatry on ethnically and racially diverse children, *The Psychosocial Development of Minority Group Children*. Currently, she is director of the Ambulatory Care Center at the Judge Baker Children's Center in Boston and has developed a home-based services program for inner-city children and families in Boston called "Partnerships in Prevention: Building Rainbows" which uses a mobile service center to bring primary mental health care services "to the doorsteps" of children and families in need. This program has provided services to twelve housing projects and six Head Start programs whose children and families are trapped in their communities and homes because of drug-related crime, violence, and poverty.

Linda Randolph is a graduate of the Howard University College of Medicine and the School of Public Health, the University of California at Berkeley. For seven years, Dr. Randolph was National Director of Health Services, Project Head Start. She continued her work in government by joining the New York State Department of Health serving first as an Associate Commissioner in New York City and subsequently as Deputy Commissioner, Office of Public Health in Albany. Concurrently Dr. Randolph was appointed Professor of Health Policy and Management, Graduate School of Public Health, State University of New York at Albany. In 1991, Dr. Randolph was appointed Clinical Professor, Department of Community Medicine, Mount Sinai School of Medicine. She served on assignment from the medical school as Executive Director of the Carnegie Corporation Task Force on Meeting the Needs of Young Children which released its report -- *Starting Points*-- earlier this year.

Julius B. Richmond is the John D. MacArthur Professor of Health Policy, Emeritus at Harvard University Medical School. Dr. Richmond, trained in psychiatry and pediatrics, was the first person to hold the positions of Assistant Secretary for Health and Surgeon General. Dr. Richmond, together with his colleague Dr. Bettye Caldwell, designed one of the early programs for low-income preschoolers that integrated health and school readiness programs, which later became the model for Head Start, of which Dr. Richmond was the first Director in 1965 and 1966. Dr. Richmond has been awarded numerous honors, including the National Academy of Sciences Institute of Medicine's Gustav O. Lienhard award, which recognizes "outstanding achievement in improving personal health care services in the United States."

Ann Rosewater is the Deputy Assistant Secretary for Policy and External Affairs in the Administration for Children and Families, Department of Health and Human Services. As Deputy Assistant Secretary, she has major management and policy-making responsibilities. Prior to coming to ACF, she was senior associate at the Chapin Hall Center for Children at the University of Chicago and senior consultant to both the Pew Charitable Trusts' Children's initiative and the Annie E. Casey, Ford and Rockefeller Foundation's Urban Change initiatives. Ms. Rosewater assisted in the creation of the US House of Representatives Select Committee on Children, Youth, and

Families, and served as its staff director and deputy staff director from 1983-1990. From 1979-1983, she served as a senior legislative assistant to Congressman George Miller. During the 1970s, she was national education staff for the Children's Defense Fund and assistant to the vice president of the National Urban Coalition. Ms. Rosewater was the first non-elected official to receive the Leadership in Human Services Award of the American Public Welfare Association, received the President's Certificate for Outstanding Service from the American Academy of Pediatrics and is the author of numerous publications on child policy.

Shirley Senegal is a Head Start parent at the Opelousas Head Start Academy in Louisiana. She is the president of the Parent Policy Council and member and Chaplain of the Louisiana Head Start Association. Ms. Senegal is a NHSA Board Member and President of the Louisiana Head Start Parent Affiliate Group. Ms. Senegal is an active participant in both the Louisiana Head Start Association as well as the Region VI Head Start Association.

Lisbeth B. Schorr is Lecturer in Social Medicine at Harvard University, a member of the Harvard University Working Group on Early Life, and Director of the Harvard University Project of Effective Services. Ms. Schorr's 1988 book, *Within Our Reach: Breaking the Cycle of Disadvantage*, analyzed social programs that have succeeded in improving the life prospects of disadvantaged children. Ms. Schorr is currently pursuing the implications of her findings for the large-scale implementation of effective programs. Previously, Ms. Schorr helped establish the health division of the Children's Defense Fund and directed the health activities of the O.E.O.'s Community Action Program.

Helen H. Taylor is the Associate Commissioner of the Head Start Bureau at the Department of Health and Human Services. Prior to coming to HHS, Ms. Taylor was Executive Director of the National Child Day Care Association, Inc., which operated 16 preschool and 5 before and after school centers in Washington, DC. Ms. Taylor is a former member of the Governing Board of the National Association for the Education of Young Children and was Chairperson of the Mayor's Advisory Committee on Early Childhood Education. Ms. Taylor has 27 years of experience in designing and administering large, comprehensive child

development projects, including Head Start, Model Cities, and locally funded child care programs.

Sally Vogler has served on the staff of Colorado Governor Roy Romer since 1988. In this capacity, she advises the Governor on policy and programs related to early childhood and directs First Impressions, the Governor's early childhood initiative. Over the past eight years, First Impressions has successfully put in place a number of key educational and community supports that promote the healthy development of young children and their families. These include the establishment of a statewide child care resource and referral system; the creation of family development centers and expansion of family literacy programs in the state through the "Read To Me, Colorado" program.

Bernice Weissbourd is Founder and President of Family Focus, an agency providing comprehensive family support services in four diverse Chicago communities. She is also Founder and President of the Family Resource Coalition, the national organization representing the family support movement. Ms. Weissbourd is a contributing editor to *Parents* magazine, and has authored books and articles on family support programs and policies, and on child development issues. Ms. Weissbourd was President of the American Orthopsychiatric Association, Vice-President of the National Association for the Education of Young Children and a member of the National Commission on Children. She is a lecturer at the School of Social Service Administration, University of Chicago.

Edward Zigler is the Sterling Professor of Psychology, head of the psychology sections of the Child Study Center and the Bush Center in Child Development and Social Policy at Yale University. He is the author and co-author or editor of numerous scholarly publications and has conducted extensive investigations on topics related to normal child development, as well as psychotherapy, mental retardation, intervention programs for economically disadvantaged children, and the effects of out-of-home care on the children of working parents. Dr. Zigler served as the Chief of the U.S. Children's Bureau and first Director of the Office of Child Development, now the Administration on Children, Youth and Families. He was one of the original planners of Project Head Start. Dr. Zigler regularly testifies as an

expert witness before congressional committees, and has served as a consultant to a number of cabinet rank officers.

Barry Zuckerman is professor and chairman of the Department of Pediatrics at the Boston University School of Medicine and Boston City Hospital. Dr. Zuckerman has developed model programs involving collaboration between pediatricians and educators to meet the needs of at-risk young children. He is a member of the National Commission on Children, and Carnegie Task Force on Meeting the Needs of Young Children that produced *Starting Points*, past Chairman of the Section of Developmental and Behavioral Pediatrics of the American Academy of Pediatrics, and a member of many state and national organizations. Dr. Zuckerman has conducted research and written extensively on the impact of biological and environmental factors on the health and development of young children, especially those living in poverty.

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